

For Board Use Only

Fee Paid _____

Date _____

Receipt # _____

Applicant # _____



**Secretary of State
Professional Licensing Boards Division
Residential and General Contractors
Post Office Box 13446
Macon, Georgia 31208**

ORDER FORM

For

DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the State Licensing Board for Residential and General Contractors and mail to the address listed above.

Request for: ☐ **Duplicate Pocket-License Card** ☐ **License Verification**

Type License: ☐ **Individual** ☐ **Qualifying Agent** ☐ **Company**

License #: _____

Reason for Duplicate License:

☐ **Name Change**** ☐ **Address Change** ☐ **Lost/Stolen**

****Complete application in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order; Corporations Amendment.**

Name of licensee or facility: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Daytime Phone #: () _____ **Fax#:** () _____

Email Address: _____

For Verification of license requests, please indicate where verification should be mailed if different from above:

(Name or Agency Name)

(Mailing Address)

(City) (State) (Zip)

Signature: _____ **Date** _____